

# DEPARTMENTS OF THE ARMY AND THE AIR FORCE NATIONAL GUARD BUREAU

111 SOUTH GEORGE MASON DRIVE ARLINGTON, VA 22204-1382



NGB-ARZ-S

12 2 MAR 1995

#### MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: (All States Log Number 195-0115) Department of Defense (DoD) Clinical Laboratory Improvement Program (CLIP)

- 1. Reference DoD Memorandum dtd 17 August, 1994, subject: Instructions for Completion of the DoD CLIP
- 2. The DoD CLIP applies the quality standards of Public Law 100-578, The Clinical Laboratories Improvement Act of 1988, to all Army National Guard (ARNG) clinical laboratory operations. All Modified Table of Organization and Equipment (MTOE) laboratories and all units providing laboratory services (defined as "testing on human specimens for...treatment, assessment, diagnosis or prevention of disease") are included. Therefore, every site where ARNG personnel provide laboratory services, whether in support of physical examinations, cardiovascular screening, preventive medicine activities, or Guard Care Programs must be registered with the Office of Clinical Laboratory Affairs.
- 3. Request the Director/OIC of each ARNG laboratory complete the appropriate enclosed registration form/s and submit them to NGB-ARP-HO, NLT 1 July 1995.
- 4. Points of contact are MAJ Wertz/SGM Halliday, DSN: 327-7140, COMM: (703)607-7140, FAX: -7187/7183.

EDWARD K. JEFFER

Chief Surgeon, Army National

COL, GS

Guard

FOR THE CHIEF, NATIONAL GUARD BUREAU:

9 Encls:

1. AFIP FORM OCLA - 1

2. AFIP FORM OCLA - 2

3. AFIP FORM OCLA - 3

4. DOD CLIP

5. The Surgeon Generals Memorandum, 26 July 1994

6. DoD Instruction #6440.2, 20 April 1994

7. Federal Registry

8. CLIA, ARNG Laboratory Questionnaire

9. Memorandum To Laboratory Directors, USAR and NG, 17 Aug 94

#### DISTRIBUTION:

- (1) MILPO
- (1) State Surgeon
- (1) Chief Nurse
- (1) Lab Director

# DEPARTMENT OF DEFENSE ARMED FORCES INSTITUTE OF PATHOLOGY WASHINGTON, D.C. 20306-6000

### THE DOD CLINICAL LABORATORY IMPROVEMENT PROGRAM (CLIP)

#### REGISTRATION FORM FOR MODERATE OR HIGH COMPLEXITY TESTING

Type or print legibly the following information. Reproduction of this form is authorized.

|   | 1011  |  | <u> </u>  |  |   |
|---|---|--|---|--|---|
| I. General Information  FACILITY NAME   |   |  |   | Armed Forces Institute of Pathology Office of Clinical Laboratory Affairs            |   |
| ADDRESS   |   | 8403 Colesville  | ATTN: AFIP-ZD<br>8403 Colesville Rd, Bldg 2, Suite 860<br>Silver Spring, MD 20910-3368  |  |   |
|   |   | · ·  | DoD-CLIA Nun  | nber (For office us  | e only)   |
| CITY  | STATE   | ZIP+4  | t - b A ACCIONA   | on (Circle one o   | ohd.  |
| TELEPHONE ( )   | DSN   |  | Laboratory Affiliation 01 Army  | 05 Navy Reserve  | 09 Army Reserve                                 |
|   |   |  | 02 Navy   | 06 Air Nat'i Guard   | 11 DoD  |
| Defense Medical Information   | System Identification   | on Code (DMISID)   | 03 Air Force<br>04 USMC   | 07 Air Force Reserve<br>08 Army Nat'l Guard  | 12 MEPS<br>13 Other                             |
| Certificate for High  | Complexity Testing  | (Single Site Only)   |   | gh Complexity Testing  |   |
| 0.45.4.5.4.4  | erate Complexity Tes  | sting (Single Site Only)   | Certificate for M   | oderate Complexity Te  | esting (Multiple Site                           |
| Certificate for Mode  | nate complexity is  | sang (omgre one om)  |   |  |   |
|   | <del></del>   | (onigo one only)   |   | si)  |   |
| III. Type of Laborat  | ory   | 08 Mobile Uni  |   | 15 Emergency   | =   |
| III. Type of Laborat01 Ambulatory Surgery   | ory   | (f.)   | it  | 41   | Services  |
| II. Type of Laborat   | Ory<br>y Center   | 08 Mobile Uni  | it  | 15 Emergency   | Services<br>aminations                          |
| III. Type of Laborat  01 Ambulatory Surgery 02 Outpatient Clinic  | y Center<br>te (i.e. Wards)                                   | 08 Mobile Uni<br>09 Pharmacy<br>10 Tissue Bal  | it  | 15 Emergency   | Services<br>aminations<br>poratory              |
| III. Type of Laborat  01 Ambulatory Surgery 02 Outpatient Clinic 03 Bedside Testing Sit   | y Center<br>te (i.e. Wards)                                   | 08 Mobile Uni<br>09 Pharmacy<br>10 Tissue Bal  | it nk/Repositories y Function (Blood Gas)   | 15 Emergency 16 Physical Exa   | Services<br>aminations<br>poratory<br>aboratory |
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| III. Type of Laborat 01 Ambulatory Surgery02 Outpatient Clinic03 Bedside Testing Sit04 Renal Dialysis Faci05 Hospital Main Labo06 X-ray07 Industrial  IV. Laboratory AccCAPAABB  Name of Laboratory Directory | y Center  te (i.e. Wards)  lity  ratory  reditation Inc.      | 08 Mobile Uni 09 Pharmacy 10 Tissue Bai 11 Pulmonary 12 Nuclear M 13 Research 14 Troop Medicate which organization | it  nk/Repositories  y Function (Blood Gas) ledicine  Facility dical Clinic  ns you are accredited by:  OTHER (specify)                                       | 15 Emergency 16 Physical Ext 17 Satellite Lab 18 Veterinary L 19 Other (spec         | Services aminations coratory aboratory ify)     |
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|  | Μι | ultiple | Sites |
|--|----|---------|-------|
|--|----|---------|-------|

Proceed to page 3 of AFIP FORM OCLA - 1 Are you applying for one certificate for multiple sites? If no, do not complete this page.

If yes, complete information below for each site to be registered under this certificate. Once completed, proceed to page 3 of AFIP FORM OCLA -1 and complete requested information for each site identified on this page.

| ame and Address / Location                      | Testing Site # | 1 |
|---|----------------|---|
| ame of laboratory or hospital department        |                |   |
| ddress/location (if same, indicate, otherwise p | ovide address) |   |
|   |                |   |
| ity, State, Zip                                 |                |   |

| Name and Address / Location                   | Testing Sits #     | 2 |
|---|--------------------|---|
| Name of laboratory or hospital department     |                    |   |
| Address/location (if same, indicate, otherwis | e provide address) |   |
| City, State, Zip                              |                    |   |
|   |                    |   |

| lame and Address / Location                      | Testing Site #   | 3 |
|--|------------------|---|
| arne of laboratory or hospital department        |                  |   |
| 8  |                  | _ |
| uddress/location (if same, indicate, otherwise p | provide address) |   |
| 99   | 9.               |   |
| City, State, Zip                                 |                  |   |
|  |                  | _ |
| Commercial Telephone No. DS                      | SN Telephone No. |   |
|  |                  |   |

| Name and Address / Location                    | Testing Site #    | 4  |
|--|-------------------|----|
| Name of laboratory or hospital department      |                   |    |
| Address/location (if same, indicate, otherwise | provide address)  | 16 |
| City, State, Zip                               |                   |    |
| Commercial Telephone No.                       | OSN Telephone No. |    |
|  |                   |    |

| n Testing Site #          | 5    |
|---------------------------|------|
| ment                      |      |
| therwise provide address) | W    |
|                           |      |
|                           |      |
|                           | ment |

| Name and Address / Location                    | Testing Site #    | 6    |
|--|-------------------|------|
| Name of laboratory or hospital department      |                   |      |
| Fig. 12  |                   |      |
| Address/location (if same, indicate, otherwise | provide address)  |      |
| City, State, Zip                               |                   | 1 E  |
| Commercial Telephone No.                       | DSN Telephone No. | 9 31 |
|  |                   |      |

| Name and Address / Location                    | Testing Site #   | 7 |
|--|------------------|---|
| Name of taboratory or hospital department      |                  |   |
| Address/location (if same, indicate, otherwise | provide address) |   |
|  |                  |   |
| City, State, Zip                               |                  |   |
|  | SN Telephone No. |   |

| Name and Address / Location             | n Testin                  | ig Site # |     |
|---|---------------------------|-----------|-----|
| Name of laboratory or hospital departs  |                           | (4)       | 9 8 |
| Address/location (if same, indicate, of | therwise provide address) | Þ         | 55  |
| City. State, Zip                        | 763                       |           |     |
| Commercial Telephone No.                | DSN Telephone N           | o.        |     |
|   | 8                         |           |     |

AFIP FORM OCLA - 1 (Moderate-High Testing)

PAGE 2 of 4

#### VI. Sites Performing Tests of Moderate or High Complexity

List the information requested below for each site. If this site is one of multiple sites registered under the same certificate (as listed on page 2), reproduce this form and enter information for each site to be registered. Enter the Site # from page 2 if applicable.

Complete personnel information for the appropriate type of certificate requested.

| ector Information                                 |
|---|
| ne:   |
| N:  |
| is site is accredited, provide information below: |
| redited by: Accreditation #                       |
|   |

#### Personnel Information - Moderate Complexity Testing Only

Instructions: Enter total number of individuals for each category at this testing site. Use appendix B for selection of codes.

#### **Director**

| Q Code | Officer | Civilian |
|--------|---------|----------|
| DR1    |         |          |
| DR2    |         |          |
| DR3    |         |          |
| DR4    |         |          |
| DR5    |         |          |

#### **Clinical Consultant**

| Q Code | Officer | Civilian     |
|--------|---------|--------------|
| CC1    | 0       |              |
| CC2    |         | <del> </del> |
| CC2    |         |              |
| 000    |         |              |
| CC4    |         |              |

#### **Technical Consultant**

| Q Code | Officer | Enlisted | Civilian |
|--------|---------|----------|----------|
| TC1    |         |          |          |
| TC2    |         |          |          |
| TC3    |         |          |          |
| TC4    |         |          |          |

#### **Testing Personnel**

| Q Code | Officer | Enlisted | Civilian |
|--------|---------|----------|----------|
| TP1    |         |          |          |
| TP2    | 191     |          |          |
| TP3    |         |          |          |
| TP4    |         |          |          |

#### **Testing Personnel Cont'd**

| Q Code | Officer | Enlisted | Civilian |
|--------|---------|----------|----------|
| TP5    |         |          |          |
| TP6    |         |          |          |
| TP7    |         |          |          |

#### Personnel Information - High Complexity Testing

Instructions: Enter total number of individuals for each category at this testing site. Use appendix C for selection of codes.

#### Director

| Q Code | Officer | Civilian |
|--------|---------|----------|
| DR1    |         |          |
| DR2    |         |          |
| DR3    |         |          |
| DR4    |         |          |
| DR5    |         |          |

General Supervisor

| Q Code                   | Officer | Enlisted | Civilian |
|--------------------------|---------|----------|----------|
| GS1<br>GS2<br>GS3<br>GS4 |         |          |          |
| GS2                      |         |          |          |
| GS3                      |         |          |          |
| GS4                      |         |          |          |
| GS5<br>GS6               | A:      |          |          |
| GS6                      |         |          |          |
| GS7                      |         |          |          |
| GS8                      |         |          |          |
| GS8<br>GS9<br>GS10       |         |          |          |
| GS10                     | ·       |          |          |

#### **Clinical Consultant**

| Q Code | Officer | Civilian |
|--------|---------|----------|
| CC1    |         |          |
| CC2    |         |          |
| CC3    |         |          |
| CC4    |         |          |
| CC5    |         | 10.      |

#### **Testing Personnel**

| Q Code | Officer | Enlisted | Civilian |
|--------|---------|----------|----------|
| TP1    |         |          |          |
| TP2    |         |          |          |
| TP3    |         |          |          |
| TP4    |         |          |          |
| TP5    |         |          |          |
| TP6    |         |          |          |
| TP7    |         |          |          |
| TP8    |         |          |          |
| TP9    |         |          |          |

#### Technical Supervisor

|            | Officer | Enlisted | Civilian |
|------------|---------|----------|----------|
| T\$1       |         |          |          |
| TS2<br>TS3 |         |          |          |
| TS3        |         |          |          |
| TS4        |         |          |          |
| TS5        |         |          |          |
| TS6        |         |          |          |
| T\$7       |         |          |          |
| TS8        |         |          |          |
| TS9        |         |          |          |
| TS10       |         |          |          |
| TS11       |         |          |          |
| TS12       |         |          |          |
| TS13       |         |          |          |
| TS14       |         |          |          |

| Enter the reportal  | the space preceding each<br>ble test volume from the p<br>check here, and est | previous calendar vear f                         | or each specialty in the   | ry performs testing.  space behind each special e space behind each special | alty.<br>alty.                |
|---|---|--|--|---|-------------------------------|
|   |   | SPECIALTY / SUBSPEC                              | IALTY and TEST VOL   | UME   |                               |
| 0 Histocomp   | atibility   | 300 Chem   | istry  | 600 Pa  | athology                      |
|   | š.,   | 240 Bo   | utine  | 610   | _Histopathology               |
| 20Transpla  |   | * ' *  |  |   | _Oral Pathology               |
| 30Non-Tra   | insplant  |  | nalysis<br>her   |   | Cytology                      |
|   |   |  | docrinology  |   | ,                             |
| 0 Microbiolo  | gy  |  | xicology   | 700 B   | lood Gas                      |
| 110Bacterio   | Moav  |  |  |   |                               |
|   | cteriology  | 400 Hema   | tology   | 800 R   | adiobioassay                  |
| 20Mycolog   |   | -  |  |   |                               |
| 30 Parasito   | ** <del>*</del> *   | 410G   | eneral Hematology  | 900 C   | ytogenetics                   |
| 40Virology  |   | 420C   | agulation  |   | 19                            |
| 50Other   |   | <u>.</u>   |  |   | Others                        |
|   |   | 500 immu   | nohematology   |   |                               |
| 0 Serology _  | <u></u>   |  | _  |   |                               |
|   |   |  | O & Rh Group   | <del>_</del>  |                               |
| 10Syphilis  | (F)   |  | tibody Detection   | 1030  | <u> </u>                      |
| 20Genera  | l Immunology  |  | ompatibility Testing<br>httbody Identification   |   |                               |
| nstructions: List r   | ry Test Informatio  | sts performed at this sit                        | High Complexite. If additional space i   | ty Testing<br>s needed, attach information                                  | on using same forma           |
| nstructions: List r<br><b>Note: You do no</b> t             | equired information for te<br>need to list test data if                       | sts performed at this sit                        | High Complexite. If additional space in the  | s needed, attach informatio   | on using same forma           |
| nstructions: List r<br>lote: You do not<br>List of Laborate | equired information for te<br>need to list test data if<br>ory Tests          | sts performed at this sit                        | High Complexite. If additional space i   | s needed, attach informatio   | on using same forma<br>Method |
| nstructions: List r<br>lote: You do not                     | equired information for te<br>need to list test data if                       | sts performed at this sit site is CAP accredited | High Complexite.  If additional space in the control of the contro | s needed, attach information  | W =                           |
| nstructions: List r<br>lote: You do not<br>list of Laborate | equired information for te<br>need to list test data if<br>ory Tests          | sts performed at this sit site is CAP accredited | High Complexite.  If additional space in the control of the contro | s needed, attach information  | W =                           |
| nstructions: List r<br>lote: You do not<br>list of Laborate | equired information for te<br>need to list test data if<br>ory Tests          | sts performed at this sit site is CAP accredited | High Complexite.  If additional space in the control of the contro | s needed, attach information  | W =                           |
| nstructions: List r<br>lote: You do not<br>list of Laborate | equired information for te<br>need to list test data if<br>ory Tests          | sts performed at this sit site is CAP accredited | High Complexite.  If additional space in the control of the contro | s needed, attach information  | W =                           |
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| nstructions: List r<br>lote: You do not<br>list of Laborate | equired information for te<br>need to list test data if<br>ory Tests          | sts performed at this sit site is CAP accredited | High Complexite.  If additional space in the control of the contro | s needed, attach information  | W) =                          |
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| nstructions: List r<br>lote: You do not<br>list of Laborate | equired information for te<br>need to list test data if<br>ory Tests          | sts performed at this sit site is CAP accredited | High Complexite.  If additional space in the control of the contro | s needed, attach information  | W) =                          |
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| nstructions: List r<br>lote: You do not<br>list of Laborate | equired information for te<br>need to list test data if<br>ory Tests          | sts performed at this sit site is CAP accredited | High Complexite.  If additional space in the control of the contro | s needed, attach information  | W) =                          |
| nstructions: List rollote: You do not<br>list of Laborate   | equired information for te<br>need to list test data if<br>ory Tests          | sts performed at this sit site is CAP accredited | High Complexite.  If additional space in the control of the contro | s needed, attach information  | (F) =                         |
| nstructions: List r<br>lote: You do not<br>List of Laborate | equired information for te<br>need to list test data if<br>ory Tests          | sts performed at this sit site is CAP accredited | High Complexite.  If additional space in the control of the contro | s needed, attach information  | (F) =                         |

AFIP FORM OCLA - 1 (Moderate-High Testing)

PAGE 4 of 4

# APPENDIX A KEY TO REGISTRATION CERTIFICATES



All sites performing testing are required to register with the Department of Defense (DoD) Clinical Laboratory Improvement Program (CLIP). A new registration form must be filed prior to initiation of testing if complexity level increases.

#### **Options:**

#### Single Certificate at Each Site:

Each site requires a director. One director may direct a maximum of 5 high complex or 8 moderate complex labs. Certificate must be for highest level of testing performed.

Director must assure personnel, quality control, and proficiency testing requirements are met at each site.

Proficiency test program required for each site (failure does not affect other sites).

Separate accreditation required for each site.

#### Single Certificate for Multiple Sites:

Same director for all sites. Director must assure personnel, quality control, and proficiency testing requirements are met for each site under certificate. Certificate must be for highest level of testing performed.

Single proficiency program for primary method; failure of primary method affects all sites; secondary methods must be validated with primary method every 6 months.

Accreditation must include inspection of all sites under certificate.

#### **TYPES OF CERTIFICATES**

#### **Certificate for Waiver**

Testing Limited to:

Non-automated urinalysis (dipstick/tablet reagent); fecal occult blood; visual color ovulation tests; visual color urine pregnancy tests; blood glucose by devices cleared by FDA for home use; non-automated ESR; non-automated hemoglobin; spun hematocrit;

hemoglobin by single analyte instrument

Personnel Requirements:

No defined educational level requirement

Proficiency Testing:

None required As required

Inspections: Reference:

Section 493.15, page A-4, DoD-CLIP Instructions

#### **Certificate for Physician Performed Microscopy Testing**

Testing Limited to:

Wet mounts; KOH preps; fem tests; post-coital direct exams of vaginal/cervical mucous; pinworm exams; urine sediment

Personnel Requirements:

Must be performed by physician at the time of patient visit

Proficiency Testing:

Required where available

Inspections:

As Required

Reference:

Section 493.16, page A-5, DoD-CLIP Instructions

#### **Certificate for Moderate Complexity Testing**

Testing Includes:

Waived tests; physician performed microscopy plus: automated chemistry; basic bacteriology; automated hematology;

non-transfusion related immunohematology

Personnel Requirements:

Must satisfy requirements for: Director, Clinical Consultant, Technical Consultant, and Testing Personnel

Proficiency Testing:

All named analytes

Inspections: Reference: Every 2 years
Section 493.20, page A-7, DoD-CLIP Instructions

#### **Certificate for High Complexity Testing**

Testing Includes:

All in moderately complex plus: Parasitology; transfusion related immunohematology; manual procedures; microbiology;

histopathology; cytology

Personnel Requirements:

Must satisfy requirements for: Director, Clinical Consultant, Technical Supervisor, General Supervisor,

and Testing Personnel

Proficiency Testing:

All named analytes

Inspections: Reference:

Every 2 years
Section 493.25, page A-8; Subpart M, pages M-9 through M-32, DoD-CLIP Instructions

AFIP FORM OCLA - 1 (Appendix A)

#### APPENDIX B

# KEY TO QUALIFICATION CODES FOR PERSONNEL MODERATE COMPLEXITY

This appendix lists each possible way an individual may meet the requirements of a given position. Only one individual may be listed as director. However, one individual may be serving in more than one position/function. For example, the qualified director may serve as the director, technical supervisor, and general supervisor. When completing the personnel information on page of 3 AFIP Form OCLA-1, this individual would be reflected in three separate personnel categories on the form, annotating the appropriate qualification code in each category.

| DIRECTOR              |  |  |  |  |
|-----------------------|--|--|--|--|
| Qualification<br>Code | Qualifications   |  |  |  |
| DR 1.0                | MD, DO w/medical license and certified in anatomic and/or clinical pathology   |  |  |  |
| DR 2.0                | MD,DO w/medical license and training and documented experience consisting of:  |  |  |  |
| 1                     | * 1 year directing or supervising nonwaived tests  |  |  |  |
| 100                   | OR * 20 CME credit hours in laboratory practice commensurate with director responsibilities (begins 1 Sep 93)  |  |  |  |
|                       | OR * Equivalent laboratory training (20 CMEs) obtained during medical residency  |  |  |  |
| DR 3.0                | Doctorate in chemical, physical, biological or clinical laboratory science/medical technology, and documented training/experience consisting of:  * Certification by ABMM, ABCC, ABB, or ABMLI |  |  |  |
|                       | OR * 1 year experience directing or supervising nonwaived tests  |  |  |  |
| DR 4.0                | Masters degree in chemical, physical, biological, or clinical laboratory science/medical technology; and documented training/experience consisting of:   |  |  |  |
| in the second         | <ul> <li>1 year of training or experience, or both, in nonwaived testing and at least 1 year<br/>supervisory experience in nonwaived testing</li> </ul>  |  |  |  |
| DR 5.0                | Bachelor degree in chemical, physical, biological, or clinical laboratory science/medical technology, and documented training/experience consisting of:  |  |  |  |
|                       | * 2 years of laboratory training or experience, or both, in nonwaived testing and at least     2 year of supervisory laboratory experience in nonwaived testing                                |  |  |  |

| Basin         | CLINICAL CONSULTANT   |  |
|---------------|---|--|
| Qualification | Qualifications  |  |
| Code          |   |  |
| CC 1.0        | MD, DO w/medical license and certified in anatomic and/or clinical pathology  |  |
| CC 2.0        | MD,DO w/medical license and training and documented experience consisting of:  1 year directing or supervising nonwaived tests      |  |
|               | OR * 20 CME credit hours in laboratory practice commensurate with director responsibilities   |  |
|               | OR * Equivalent laboratory training obtained during medical residency   |  |
| CC 3.0        | MD, DO w/medical license credentialed to practice medicine in a DoD medical treatment facility                                      |  |
| Service       | Doctorate in chemical, physical, biological or clinical laboratory science and national certification recognized in 493.1405 (3)(i) |  |

#### APPENDIX B

# KEY TO QUALIFICATION CODES FOR PERSONNEL MODERATE COMPLEXITY

| TECHNICAL CONSULTANT |       |   |  |  |  |  |  |
|----------------------|-------|---|--|--|--|--|--|
| Qualific<br>Code     | ation | Qualifications  |  |  |  |  |  |
| TC 1.                | .0    | MD, DO w/medical license and certified in anatomic and/or clinical pathology  |  |  |  |  |  |
| TC 2.                | .0    | MD,DO w/medical license and training and documented training/experience consisting of:  1 year laboratory training or experience, or both, in nonwaived testing within the specialty/subspecialty areas for which the Technical Consultant is responsible                               |  |  |  |  |  |
| TC 3.                | .0    | Doctoral or Master's degree in chemical, physical, biological, clinical laboratory science/medical technology with  * 1 year laboratory training or experience, or both, in nonwaived testing within the specialty/subspecialty areas for which the Technical Consultant is responsible |  |  |  |  |  |
| TC 4.                | .0    | Bachelor degree in chemical, physical, biological, clinical laboratory science/medical technology with  * 2 years laboratory training or experience, or both, in nonwaived testing within the specialty/subspecialty areas for which the Technical Consultant is responsible            |  |  |  |  |  |

| TESTING PERSONNEL     |   |     |  |  |  |  |  |
|-----------------------|---|-----|--|--|--|--|--|
| Qualification<br>Code | Qualifications  |     |  |  |  |  |  |
| TP 1.0                | MD, DO w/medical license and credentialed to practice medicine in a DoD medical treatment facility  |     |  |  |  |  |  |
| TP 2.0                | Doctoral degree in chemical, physical, biological, or clinical laboratory science/medical technology  |     |  |  |  |  |  |
| TP 3.0                | Masters degree in chemical, physical, biological, or clinical laboratory science/medical technology   |     |  |  |  |  |  |
| TP 4.0                | Bachelor degree in chemical, physical, biological, or clinical laboratory science/medical technology  |     |  |  |  |  |  |
| TP 5.0                | Associate degree in a laboratory science, or medical laboratory technology  | 5.9 |  |  |  |  |  |
| TP 6.0                | High school graduate, or equivalent who has successfully completed an official military medical laboratory procedures course of at least 50 weeks and held the enlisted occupational specialty of Medical Laboratory Specialist (Laboratory Technician)                     |     |  |  |  |  |  |
| TP 7.0                | High school diploma, or equivalent with documentation of the completion of a formal training program, not solely limited to on-the-job training, appropriate to the testing performed prior to analyzing patient specimens as stated in 493.1423 (d) (2) (i) through (viii) | -42 |  |  |  |  |  |

AFIP FORM OCLA-1 Appendix B

# KEY TO QUALIFICATION CODES FOR PERSONNEL HIGH COMPLEXITY

This appendix lists each possible way an individual may meet the requirements of a given position. Only one individual may be listed as director. However, one individual may be serving in more than one position/function. For example, the qualified director may serve as the director, technical supervisor, and general supervisor. When completing the personnel information on page 3 of AFIP Form OCLA-1, this individual would be reflected in three separate personnel categories on the form, annotating the appropriate qualification code in each category.

| DIRECTOR              |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|
| Qualification<br>Code | Qualifications   |  |  |  |  |  |  |  |
| DR 1.0                | MD, DO w/medical license and certified in anatomic and/or clinical pathology   |  |  |  |  |  |  |  |
| DR 2.0                | MD,DO w/medical license and training and documented experience consisting of:  |  |  |  |  |  |  |  |
|                       | * 1 year laboratory training during medical residency  |  |  |  |  |  |  |  |
|                       | OR * 2 years experience in directing/supervising high complexity testing   |  |  |  |  |  |  |  |
| DR 3.0                | Doctorate in chemical, physical, biological or clinical laboratory science; and, after 1 Oct 94, national certification  OR * Until 1 Oct 94, 2 years experience directing or supervising highly complex tests with no national certification                            |  |  |  |  |  |  |  |
| DR 4.0                | Masters degree in chemical, physical, biological, or clinical laboratory science/medical technology; national certification; have commissioned officer status; and training consisting of:  4 years training/experience directing or supervising high complexity testing |  |  |  |  |  |  |  |
|                       | NOTE Must have a designated Pathology Consultant   |  |  |  |  |  |  |  |
| OR 5.0                | Bachelor degree in chemical, physical, biological, or clinical laboratory science/medical technology; national certification; have commissioned officer status; and training consisting of:  * 6 years experience directing or supervising high complexity testing       |  |  |  |  |  |  |  |
|                       | NOTE Must have a designated Pathology Consultant   |  |  |  |  |  |  |  |

| CLINICAL CONSULTANT   |  |                   |  |  |  |  |  |  |
|-----------------------|--|-------------------|--|--|--|--|--|--|
| Qualification<br>Code | Qualifications   |                   |  |  |  |  |  |  |
|                       | 9/ W   | *·· <del>**</del> |  |  |  |  |  |  |
| CC 1.0                | MD, DO w/medical license and certified in anatomic and/or clinical pathology                               |                   |  |  |  |  |  |  |
| CC 2.0                | MD,DO w/medical license and training and documented experience consisting of:                              |                   |  |  |  |  |  |  |
|                       | * at least 1 year laboratory training during medical residency   |                   |  |  |  |  |  |  |
| 100 C                 | OR * 2 years experience in directing/supervising high complexity testing                                   |                   |  |  |  |  |  |  |
| CC 3.0                | MD, DO w/medical license credentialed to practice medicine in a DoD medical treatment facility             |                   |  |  |  |  |  |  |
| Aller was a           |  |                   |  |  |  |  |  |  |
| CC 4.0                | Doctorate in chemical, physical, biological or clinical laboratory science/medical technology and national |                   |  |  |  |  |  |  |
|                       | board certification  |                   |  |  |  |  |  |  |
|                       | 10   |                   |  |  |  |  |  |  |
| CC 5.0                | For the subspecialty of Oral Pathology, meet criteria in 493.1443 (b) (4).                                 |                   |  |  |  |  |  |  |

# KEY TO QUALIFICATION CODES FOR PERSONNEL HIGH COMPLEXITY

|                       |   | TECHNICAL SUPERVISOR   |  |  |  |  |  |  |  |
|-----------------------|---|--|--|--|--|--|--|--|--|
| Qualification<br>Code | Qualifications  |  |  |  |  |  |  |  |  |
| ΓS 1.0                | MD, DO w/medical license and cert                           | tified in anatomic and/or clinical pathology   |  |  |  |  |  |  |  |
| rs 2.0                | * 1 year laboratory train                                   | ning and documented experience consisting of: ing or experience within the specialty with a minimum of 6 months mplexity testing within the subspecialty   |  |  |  |  |  |  |  |
| TS 3.0                | documented experience consisting  * 1 year laboratory train | cal, biological, or clinical laboratory science or medical technology, and of: ing or experience within the specialty with a minimum of 6 months mplexity testing within the subspecialty              |  |  |  |  |  |  |  |
| TS 4.0                | documented experience consisting  * 2 years of laboratory t | cal, biological, or clinical laboratory science or medical technology, and of: training or experience within the speciality with a minimum of 6 months mplexity testing within the subspecialty        |  |  |  |  |  |  |  |
| TS 5.0                | documented experience consisting  * 4 years of laboratory   | ical, biological, or clinical laboratory science or medical technology, and g of: training or experience within the speciality with a minimum of 6 months mplexity testing within the subspecialty     |  |  |  |  |  |  |  |
| TS 6.0                | * 3 years laboratory tra                                    | ed Forces with national certification and documented experience consisting of: ining or experience within the specialty with a minimum of 6 months implexity testing within the specialty/subspecialty |  |  |  |  |  |  |  |
|                       | Exceptions to the Above Definit                             | ions   |  |  |  |  |  |  |  |
| TS 7.0                | For Cytopathology:  | Met by those who qualify under part 493.1449 (k)   |  |  |  |  |  |  |  |
| TS 8.0                | For Histopathology:   | Met by those who qualify under part 493.1449 (I)(1).   |  |  |  |  |  |  |  |
| TS 9.0                | For Dermatopathology:                                       | Met by those who qualify under part 493.1449 (I)(2)  |  |  |  |  |  |  |  |
| TS 10.0               | For Opthalmic Pathology:                                    | Met by those who qualify under part 493.1449 (I)(3)  |  |  |  |  |  |  |  |
| TS 11.0               | For Oral Pathology:   | Met by those who qualify under part 493.1449 (m)   |  |  |  |  |  |  |  |
| TS 12.0               | For Histocompatibility:                                     | Met by those who qualify under part 493.1449 (0)   |  |  |  |  |  |  |  |
| TS 13.0               | For Cytogenetics:   | Met by those who qualify under part 493.1449 (p)   |  |  |  |  |  |  |  |
| TS 14.0               | For Immunohematology:                                       | Met by those who qualify under part 493.1449 (q) Page 2 of 4   |  |  |  |  |  |  |  |

AFIP FORM OCLA-1 Appendix C

# KEY TO QUALIFICATION CODES FOR PERSONNEL HIGH COMPLEXITY

|             |                 |  | GENERAL SUPERVISOR  |  |  |  |  |  |  |
|-------------|-----------------|--|---|--|--|--|--|--|--|
| Qua<br>Code | lification<br>e | Qualifications   |   |  |  |  |  |  |  |
| GS          | 1.0             | Qualifies as Laboratory Direct   | etor, High Complexity Laboratory  |  |  |  |  |  |  |
| 1           |                 |  | ster's, or bachelor's degree and documented experience consisting of:   |  |  |  |  |  |  |
|             |                 | <u> </u>   | y training or experience in high complexity testing   |  |  |  |  |  |  |
| GS          | 2.0             | Qualifies as Technical Super   | visor, High Complexity Laboratory   |  |  |  |  |  |  |
| GS          | 3.0             | Associate Degree in a labora   | tory science or medical laboratory technology from an   |  |  |  |  |  |  |
|             |                 | accredited institution and doc   | sumented experience consisting of:  |  |  |  |  |  |  |
|             |                 | * 2 years of labora  | atory training or experience in high complexity testing   |  |  |  |  |  |  |
| GS          | 4.0             | Have previously qualified or or regulations (14 Mar 90), on o  | could have qualified under 42 CFR 493.1427 of the Federal r before 1 Sep 92   |  |  |  |  |  |  |
| 00          | .50             | Maria Octobration  |   |  |  |  |  |  |  |
| GS          | 5.0             | Until 1 Sep 97, High School graduate or equivalent who has completed a 50 week military laboratory training program, and held the military enlisted AFSC/MOS/NEC of medical laboratory technician, and |   |  |  |  |  |  |  |
|             |                 | has documented experience  | •   |  |  |  |  |  |  |
|             |                 |  | atory training or experience in high complexity testing   |  |  |  |  |  |  |
|             |                 | o years or labora  | acity training of experience in high complexity testing   |  |  |  |  |  |  |
| For         | Blood (         | Gas Analysis:  |   |  |  |  |  |  |  |
| GS          | 6.0             | Bachelor Degree in respirator  | ry therapy or cardiovascular technology from an accredited school, and  |  |  |  |  |  |  |
|             | - 4             | documented experience cons   | sisting of:   |  |  |  |  |  |  |
|             | (0)             | * 1 year of laboral  | ory training or experience in blood gas analysis  |  |  |  |  |  |  |
|             |                 | OR Associate Degree  | related to pulmonary function from an accredited institution, and   |  |  |  |  |  |  |
|             |                 | documented expe  | rience consisting of:   |  |  |  |  |  |  |
| 100 m       |                 | * 2 years of training  | ng or experience in blood gas analysis  |  |  |  |  |  |  |
| GS          | 7.0             | For Histopathology:  | Met by those who qualify as technical supervisor ( histopathology) under  |  |  |  |  |  |  |
|             |                 | l continuospatinosgy.  | part 493.1449 (b) or 493.1449 (l)(1).   |  |  |  |  |  |  |
| GS          | 8.0             | For Dermatopathology:  | Met by those who qualify as technical supervisor (dermatopathology) under part 493.1449 (b) or 493.1449 (l)(1) or (2) |  |  |  |  |  |  |
| GS          | 9.0             | For Opthalmic Pathology:   | Met by those who qualify as technical supervisor (opthalmic pathology )under part 493.1449 (b) or 493.1449 (l)(3)     |  |  |  |  |  |  |
| GS          | 10.0            | For Oral Pathology:  | Met by those who qualify as technical supervisor (oral pathology) under part 493.1449 (b) or 493.1449 (m)             |  |  |  |  |  |  |

#### KEY TO QUALIFICATION CODES FOR PERSONNEL HIGH COMPLEXITY

|                       | TESTING PERSONNEL   |
|-----------------------|---|
| Qualification<br>Code | Qualifications  |
|                       | " - DoD modical treatment facility  |
| TP 1.0                | MD, DO w/medical license and credentialed to practice medicine in a DoD medical treatment facility  |
| TP 2.0                | Doctoral degree in chemical, physical, biological, or clinical laboratory science/medical technology  |
| TD 3.0                | Masters degree in chemical, physical, biological, or clinical laboratory science/medical technology   |
| TP 3.0                | Masters degree in Chemical, physical, ciological, or ambient  |
| TP 4.0                | Bachelor degree in chemical, physical, biological, or clinical laboratory science/medical technology.  Degree in respiratory therapy or cardiovascular technology is acceptable for blood gas analysis  |
|                       |   |
| TP 5.0                | Associate degree in a laboratory science, or medical laboratory technology. Degree related to pulmonary   |
|                       | function is acceptable for blood gas analysis   |
| TP 6.0                | Have previously qualified or could have qualified as a technologist under 42 CFR 493.1433 published in March 14, 1990 (55 FR 9538), on or before 28 Feb 92  |
|                       | March 14, 1990 (551 K 9550), 5/1 of 55/6/5 25 52  |
| TP 7.0                | (Until 1 Sep 97) High school diploma or equivalent with documentation of a formal laboratory training program, not solely limited to on-the-job training as described in 493.1449 (4) (ii) (A) through (H)  |
|                       | program, not solely inflices to six and just a six |
| TP 8.0                | For histopathology must meet requirement stated in 493.1449 (b) or 493.1489 (l)   |
|                       | For cytopathology must meet requirements stated in 493.1483   |
| TP 9.0                | Page 4 of 4   |

AFIP FORM OCLA-1 Appendix C

# DEPARTMENT OF DEFENSE ARMED FORCES INSTITUTE OF PATHOLOGY WASHINGTON, D.C. 20306-6000

#### THE DOD CLINICAL LABORATORY IMPROVEMENT PROGRAM (CLIP)

#### REGISTRATION FORM FOR PHYSICIAN PERFORMED MICROSCOPY TESTING

Type or print legibly the following information. Reproduction of this form is authorized.

| ACILITY NAME   |   |  |  |  |                                   |  |  |
|--|---|--|--|--|-----------------------------------|--|--|
| ADDRESS  |   |  | Armed Forces Institute of Pathology Office of Clinical Laboratory Affairs ATTN: AFIP-ZD 8403 Colesville Rd, Bldg 2, Suite 860 Silver Spring, MD 20910-3368 |  |                                   |  |  |
|  |   |  | DoD-CLIA Number (For office use only)  |  |                                   |  |  |
| CITY   | STATE   | ZIP+4  |  |  |                                   |  |  |
|  |   |  | Laboratory Affiliat  | ion (Circle one d  | only)                             |  |  |
| TELEPHONE ( )  | DSN   |  | 01 Аппу  | 05 Navy Reserve  | 09 Army Reserve                   |  |  |
|  |   |  | 02 Navy  | 06 Air Nat'l Guard   | 11 DoD                            |  |  |
| Defense Medical Information  | System Identification                                 | n Code (DMISID)  | 03 Air Force   | 07 Air Force Reserve   | 12 MEPS                           |  |  |
| II. Type of Certificat   |   |  | 04 USMC  | 08 Army Nat'l Guard  | 13 Other                          |  |  |
| 01 Ambulatory Surgary  | O <b>ry</b><br>Center                                 | 05 Mahila I  | loit   | 09 Ememency  | Services                          |  |  |
| 01 Ambulatory Surgery 02 Outpatient Clinic 03 Bedside Testing Site 04 Renal Dialysis Facili                                      | Center e (i.e. Wards)                                 | 05 Mobile     06 X-ray    07 Industria    08 Troop M     |  | 09 Emergency 10 Physical Ex 11 Satellite La 12 Other (spec   | kaminations<br>boratory           |  |  |
| 02 Outpatient Clinic   | Center e (i.e. Wards)                                 | 06 X-ray<br>07 Industria                                 | al   | 10 Physical Ex   | kaminations<br>boratory           |  |  |
| 02 Outpatient Clinic<br>03 Bedside Testing Site<br>04 Renal Dialysis Facili  | Center e (i.e. Wards) ity                             | 06 X-ray<br>07 Industria<br>08 Troop M                   | al<br>ledical Clinic   | 10 Physical Ex<br>11 Satellite La<br>12 Other (spec  | kaminations<br>boratory           |  |  |
| 02 Outpatient Clinic 03 Bedside Testing Site 04 Renal Dialysis Facili  | Center e (i.e. Wards) ity reditation India            | 06 X-ray 07 Industria 08 Troop M                         | al<br>ledical Clinic<br>ions you are accredited by:  | 10 Physical Ex<br>11 Satellite La<br>12 Other (spec  | kaminations<br>boratory           |  |  |
| 02 Outpatient Clinic 03 Bedside Testing Site 04 Renal Dialysis Facili  V. Laboratory Accr CAP                                    | Center e (i.e. Wards) ity reditation India            | 06 X-ray 07 Industria 08 Troop M                         | al ledical Clinic ions you are accredited by: OTHER (specify   | 10 Physical Ex<br>11 Satellite La<br>12 Other (spec  | kaminations<br>boratory           |  |  |
| 02 Outpatient Clinic 03 Bedside Testing Site 04 Renal Dialysis Facili  | Center e (i.e. Wards) ity reditation India            | 06 X-ray 07 Industria 08 Troop M                         | ions you are accredited by:  OTHER (specify  OTHER (specify  | 10 Physical Ex<br>11 Satellite La<br>12 Other (spec  | kaminations<br>boratory           |  |  |
| 02 Outpatient Clinic 03 Bedside Testing Site 04 Renal Dialysis Facili  IV. Laboratory Accr CAP                                   | center e (i.e. Wards) ity  reditation India COLA      | 06 X-ray 07 Industria 08 Troop M                         | al ledical Clinic ions you are accredited by: OTHER (specify   | 10 Physical Ex<br>11 Satellite La<br>12 Other (spec  | kaminations<br>boratory           |  |  |
| 02 Outpatient Clinic 03 Bedside Testing Site 04 Renal Dialysis Facili  IV. Laboratory Accr CAP AABB                              | Center e (i.e. Wards) ity  reditation Indi COLA       | 06 X-ray 07 Industria 08 Troop M                         | ions you are accredited by:  OTHER (specify  OTHER (specify  | 10 Physical Ex 11 Satellite La 12 Other (special content of the conte | kaminations<br>iboratory<br>cify) |  |  |
| 02 Outpatient Clinic 03 Bedside Testing Site 04 Renal Dialysis Facili  IV. Laboratory Accr CAP AABB  Name of Laboratory Director | Center e (i.e. Wards) ity  reditation India COLA JCAF | 06 X-ray 07 Industria 08 Troop M cate which organizate A | ions you are accredited by: OTHER (specify OTHER (specify Signature of Laboratory Signature of Facility Cor  | 10 Physical Ex 11 Satellite La 12 Other (special content of the conte | caminations boratory cify)        |  |  |

| Instructions Use this for                      | m only for registe  | ring physician perform  | ned microscopy    | testing sites   | Copy this fo            | rm to register ac   | ditional sites  |                  |
|--|---------------------|---|-------------------|---|-------------------------|---------------------|-----------------|------------------|
| irector Information                            |                     |   | T                 | Circle appro  | priate educa            | tion and status     | code            |                  |
| ame  |                     | Circle appropriate education and status code  Education Code: Status Code:  MD/DO 1 Officer 1 |                   |   |                         |                     |                 |                  |
| SAN  |                     |   |                   | Webe .  |                         | Civilian            | 2               |                  |
| ame and Address / I                            | ocation of Sit      | A H: -  |                   | Physician P   | erformed Mi             | croscopy Tests      | · Check all tha | at apply         |
| ame of laboratory or hos                       |                     | Wet Mount   |                   |   |                         | ¥)\$ 3              |                 |                  |
| ddress/location (if same,                      | indicate, otherwis  | e provide address)  |                   | Fern Test   |                         |                     |                 |                  |
| ity, State, Zip                                |                     | Telephone No.   | [                 | _   | ment Exam<br>ucous Exam | Ann                 | ual Testing V   | nlume:           |
|  |                     |   |                   |   |                         |                     |                 | oldine           |
| esting Personnel Inf                           |                     | Enter total number of   |                   |   | at periorm te           | sung at tris site   |                 |                  |
| Military Officer                               | Physician           | Nurse Practitioner  | Nurse Midwife     | e PA  |                         |                     |                 |                  |
| Civilian                                       |                     |   |                   |   |                         |                     |                 |                  |
| lame and Address /                             |                     | te  |                   | Physician F   | Performed M             | icroscopy Tests     | - Check all th  | at apply         |
| lame of laboratory or hos                      | pital department    |   |                   | Wet Moun  |                         |                     |                 |                  |
| Address/location (if same,                     | indicate, otherwis  | se provide address)   |                   | Fern Test Pinworm Exam Urine Sediment Exam Vaginal Mucous Exam Annual Testing Volume: |                         |                     |                 |                  |
| City, State, Zip                               |                     | Telephone No.   |                   |   |                         |                     |                 |                  |
| resting Personnel In                           | formation           | Enter total number of   | f providers in e  | ach category ti   | hat perform             | testing at this sit | e               | :31              |
| Military Officer                               | Physician           | Nurse Practitioner  | Nurse Midwi       | fe PA   |                         |                     |                 | 33               |
| Military Officer<br>Civilian                   |                     |   |                   |   |                         |                     |                 |                  |
| 2 22 - 22 - 22 - 22                            |                     |   |                   | Ohoralaia   | Codomod !               | dicroscopy Test     | s - Check all I | hat apoly        |
| Name and Address I<br>Name of laboratory or ho |                     |   |                   |   |                         | nicroscopy rest     | - OHOUN BII (   | erent superpress |
|  | - 1                 | Wet Mounts KOH Preps Fern Test  |                   |   |                         |                     |                 |                  |
| Address/location (if same                      | e, indicate, otherw |   |                   | Pinworm   |                         | n                   |                 |                  |
| City, State, Zip                               |                     | Telephone No.   |                   | Vaginal I   | Mucous Exa              |                     | nnual Testing   | Volume:          |
| Testing Personnel I                            | nformation          | Enter total number of   | of providers in e | each category   | that perform            | testing at this s   | ite             |                  |
|  | Physician           | Nurse Practitioner  | Nurse Midw        | rife PA   |                         |                     |                 |                  |
| Military Office                                | r                   |   |                   |   |                         |                     |                 |                  |
| Civilian                                       |                     |   |                   |   |                         |                     |                 |                  |

#### **DEPARTMENT OF DEFENSE** ARMED FORCES INSTITUTE OF PATHOLOGY **WASHINGTON, D.C. 20306-6000**

#### THE Dod CLINICAL LABORATORY IMPROVEMENT PROGRAM (CLIP)

#### **REGISTRATION FORM FOR WAIVED TESTING**

|  | <u>ion</u>  |  |  |  |                                     |  |
|--|---|--|--|--|-------------------------------------|--|
| ADDRESS  | - F2  | â  | Armed Forces Institute of Pathology Office of Clinical Laboratory Affairs ATTN: AFIP-ZD 8403 Colesville Rd, Bldg 2, Suite 860 Silver Spring, MD 20910-3368  DoD-CLIA Number (For office use only)  |  |                                     |  |
| 2  |   |  |  |  |                                     |  |
| CITY   | STATE   | ZIP+4  | Laboratory Affilia   | ation (Circle one  | oniv)                               |  |
| TELEPHONE ( )  | DSN   | N  | 01 Army<br>02 Navy   | 05 Navy Reserve<br>06 Air Nat'l Guard                          | 09 Army Reserve                     |  |
| Defense Medical Informatio   | n System Identificati                                     | ion Code (DMISID)                                  | 03 Air Force<br>04 USMC  | 07 Air Force Reserve<br>08 Army Nat'l Guard                    |                                     |  |
| 01 Ambulatory Surge  |   | 06 Satellite                                       | ***  | 11 Troop Med   |                                     |  |
|  | ry Center<br>ite (i.e. Wards)                             | 06 Satellite 07 Industric 08 Mobile 0 09 Pharma    | al<br>Jnit   | 11 Troop Med<br>12 Emergence<br>13 Physical E<br>14 Other (spe | y Services<br>examinations          |  |
| 02 Outpatient Clinic<br>03 Bedside Testing S   | ry Center<br>ite (i.e. Wards)                             | 07 Industri  | al<br>Jnit   | 12 Emergence 13 Physical E                                     | y Services<br>examinations          |  |
| 01 Ambulatory Surger<br>02 Outpatient Clinic<br>03 Bedside Testing S<br>04 Renal Dialysis Fac<br>05 X-ray                  | ry Center<br>ite (i.e. Wards)<br>cility                   | 07 Industri<br>08 Mobile<br>09 Pharma<br>10 Pulmon | al  Jnit  cy  ary Function  ions you are accredited b  | 12 Emergence 13 Physical E 14 Other (spe                       | y Services<br>examinations          |  |
| 01 Ambulatory Surger 02 Outpatient Clinic 03 Bedside Testing S 04 Renal Dialysis Fac 05 X-ray  IV. Laboratory Acc CAP AABB | ry Center ite (i.e. Wards) cility  reditation Inc         | 07 Industri<br>08 Mobile<br>09 Pharma<br>10 Pulmon | al  Jnit  cy  ary Function  ions you are accredited b  | 12 Emergence 13 Physical E 14 Other (spe                       | y Services<br>examinations          |  |
| 01 Ambulatory Surger 02 Outpatient Clinic 03 Bedside Testing S 04 Renal Dialysis Fac 05 X-ray  IV. Laboratory Acc CAP      | ry Center ite (i.e. Wards) cility  reditation Inc COL JCA | 07 Industri<br>08 Mobile<br>09 Pharma<br>10 Pulmon | Jnit  Jnit  cy ary Function  ions you are accredited bounded to the control of th | 12 Emergence 13 Physical E 14 Other (spe                       | y Services<br>xaminations<br>ecify) |  |

| iddress/location (if same, indicate, otherwise provide address)  Tablet Reagent Urine Fecal Occul Blood Visual Color Ovulation Urine Pregnancy Test - Visual Annual Testing Volume:    MID/DO  | . Sites Performing W<br>Instructions: Use this form             | n only for req  | gistering      | waived te    | sting sites   | . Copy this f  | form to r  | egister addi                                     | itional sites          |  |
|--|---|-----------------|----------------|--------------|---------------|--|--|--|------------------------|--|
| Education Code: Status Code: MDDO 1 Officer 1 PhD 2 Civilian 2 MSMAA 3 Enisted 3 BS/RA 4   ame and Address / Location of Site  ame and Address / Location of Site    Dipstick Urine   Tablet Reagent Urine   Tablet Prepared Press / Usual Color Ovilation   Urine Pregnancy Test - Visual   Urine Pregnancy T |   |                 |                |              |               | Circle enormoriete education and status code   |  |  |                        |  |
| MD/DO 1  | rector Information  |                 |                |              |               |  |  |  |                        |  |
| ame and Address / Location of Site  ame and Address / Location of Site  ame of laboratory or hospital department    Dipstick Urine   Feach Cocalt Blood   Hemaploptin   He | ime   |                 |                |              | -             | MD/DO  | 1  | Offic  | cer 1                  |  |
| ame and Address / Location of Site    Walved Tests - Check all that apply  | SAN   |                 |                |              |               |  |  | Enlis  | sted 3                 |  |
| Dipstick Urine   Facal Occur Blood   Hematocrit (spun)   Glucose (FDA Hom Urine Pregnancy Test - Visual   Annual Testing Volume:   ESR (non automate   Hematocrit (spun)   Hematocrit (s   | 22  |                 |                |              |               | BS/BA  | 4  |  |                        |  |
| mare of laboratory or hospital department    Dipstick Urine   Fecal Occur Blood   Hematocrit (spun)  |   |                 |                |              | *             | Weight Today Chapte all that sonly   |  |  |                        |  |
| idiress/location (if same, indicate, otherwise provide address)  Telephone No.  Annual Testing Volume:  Esting Personnel Information  Enter total number of individuals in each category that perform testing at this site  Other (specify)  Hemoslobin (spun)  Glucose (FDA Hom  Other (specify)  Walved Tests - Check all that apply  Idinary Officer  Military Enisted (Civilian  Idinary Officer (Spun)  Idinary Officer ( | ame and Address / Loca  | tion of Site    |                |              |               | Walved Tests - Check all that apply  |  |  |                        |  |
| Visual Color Ovulation   Glucose (FDA Home   |   |                 |                |              |               | Tablet Reagent Urine Hemoglobin  |  |  |                        |  |
| State, Zip   Telephone No.   Annual Testing Volume:  |   |                 |                |              |               | Visual C   | Color Ovu  | lation   | Glucose (FDA Home Use) |  |
| Military Officer   Military Enlisted   Milit   | ty, State, Zip  | 71 X            | Telephone      | No.          |               | _  |  |  | 4 2                    |  |
| Military Officer   Military Enlisted   Market    | esting Personnel Inform   | ation E         | Enter total    | number of i  | individuals i | in each catego   | ry that pe                                       | rform testing                                    | at this site           |  |
| Military Enlisted   Civilian   Waived Tests - Check all that apply   |   | PE PE           | PhD            | MS/MA        | BS/BA         | AA/AS  | HS   | Other  | Other (specify)        |  |
| Military Enlisted   Civilian   Waived Tests - Check all that apply   | Military Officer  | +               |                |              |               |  |  |  |                        |  |
| Isame and Address / Location of Site   Waived Tests - Check all that apply   |   |                 |                |              |               |  |  |  |                        |  |
| ame of laboratory or hospital department    Dipstick Urine   Tablet Reagent Urine   Tablet  |   | $\Box$          |                |              |               |  | <u> </u>   |  |                        |  |
| ame of laboratory or hospital department    Dipstick Urine   Tablet Reagent Urine   Fecal Occult Blood   Hemoglobin   Hemo |   |                 |                |              | 11.7          |  |  |  |                        |  |
| Festing Personnel Information  Enter total number of individuals in each category that perform testing at this site    MD/DO   | ddress/location (if same, indic                                 | cate, otherwise | -              |              |               | Tablet Reagent Urine Hemoglobin Fecal Occult Blood Hematocrit (spun) Visual Color Ovulation Glucose (FDA Home Use) |  |  |                        |  |
| Military Officer Military Enlisted Civilian  Mame and Address / Location of Site Mame of laboratory or hospital department  Address/location (if same, indicate, otherwise provide address)  Dipstick Urine Tablet Reagent Urine Tablet Reagent Urine Fecal Occult Blood Visual Color Ovulation Urine Pregnancy Test - Visual  Annual Testing Volume:  Testing Personnel Information  Enter total number of individuals in each category that perform testing at this site   |   |                 | ·              |              | individuals   |  |  |  |                        |  |
| Mame and Address / Location of Site  Name of laboratory or hospital department  Address/location (if same, indicate, otherwise provide address)  Maived Tests - Check all that apply  Dipstick Urine Tablet Reagent Urine Fecal Occult Blood Visual Color Ovulation Urine Pregnancy Test - Visual  City, State, Zip  Telephone No.  Annual Testing Volume:  Testing Personnel Information  Enter total number of individuals in each category that perform testing at this site  | esting Personnel Inform   |                 |                |              | 23            |  |  |  |                        |  |
| Mailitary Enlisted Civilian  Waived Tests - Check all that apply  Waived Tests - Check all that apply  Dipstick Urine Tablet Reagent Urine Tablet Reagent Urine Fecal Occult Blood Visual Color Ovulation Urine Pregnancy Test - Visual  City, State, Zip  Telephone No.  Waived Tests - Check all that apply  ESR (non automa Hemoglobin Hematocrit (spun) Glucose (FDA Ho  Urine Pregnancy Test - Visual  Annual Testing Volume:  Testing Personnel Information  Enter total number of individuals in each category that perform testing at this site  |   |                 | <u> </u>       |              | ·             | - 00   | <del>                                     </del> | ┼──┤   |                        |  |
| Name and Address / Location of Site  Name of laboratory or hospital department  Address/location (if same, indicate, otherwise provide address)  Address/location (if same, indicate, otherwise provide address)  Telephone No.  Waived Tests - Check all that apply  Dipstick Urine  Tablet Reagent Urine  Fecal Occult Blood  Visual Color Ovulation  Urine Pregnancy Test - Visual  Annual Testing Volume:  Testing Personnel Information  Enter total number of individuals in each category that perform testing at this site   | Military Enlisted   |                 | <del> </del> - |              |               |  | <u> </u>   |  |                        |  |
| Name of laboratory or hospital department  Address/location (if same, indicate, otherwise provide address)  Dipstick Urine Tablet Reagent Urine Hemoglobin Hematocrit (spun) Visual Color Ovulation Urine Pregnancy Test - Visual  City, State, Zip  Telephone No.  Annual Testing Volume:  Testing Personnel Information  Enter total number of individuals in each category that perform testing at this site  Other (specify)   |   |                 | =              |              | <u> </u>      | P. 2- 7/13   | 1  |  |                        |  |
| lame of laboratory or hospital department    Dipstick Urine  |   |                 |                |              |               |  | tie se   |  |                        |  |
| Address/location (if same, indicate, otherwise provide address)  Telephone No.  Dipstick Urine Tablet Reagent Urine Fecal Occult Blood Visual Color Ovulation Urine Pregnancy Test - Visual  Annual Testing Volume:  Enter total number of individuals in each category that perform testing at this site  Other (specify)   | Inma and Addrose /1 or  | ation of Sil    | te             |              |               | Waived   | Tests - 0  | Check all that                                   | apply                  |  |
| Address/location (if same, indicate, otherwise provide address)  Visual Color Ovulation Urine Pregnancy Test - Visual  City, State, Zip  Telephone No.  Annual Testing Volume:  Enter total number of individuals in each category that perform testing at this site  Other (specify)  | Name of laboratory or hospita                                   | l department    |                |              |               | Tablet   | Reagen   |  |                        |  |
| Testing Personnel Information  Enter total number of individuals in each category that perform testing at this site  Other (specify)   | Address/location (if same, indicate, otherwise provide address) |                 |                |              |               | Visual Color Ovulation Glucose (FDA Home Use   |  |  |                        |  |
| Other (specify)  | City, State, Zip  |                 |                |              |               |  | _  | 1,000  |                        |  |
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| MD/DO   FIID   WOMAN   DOWN   WAR   THE   THE  |   | MD/DO           | PhD            | MS/MA        | BS/BA         | AA/AS  | HS   | Other  | Other (specify)        |  |
|  | 100   |                 | <del> </del>   |              |               | <b></b>  |  |  |                        |  |
| Military Officer   | Military Officer  |                 | <del> </del>   | +            | +             | <del> </del>   |  | +  |                        |  |
| Military Enlisted Civilian   |   |                 | <del> </del>   | <del> </del> | <del> </del>  |  |  | <del>                                     </del> |                        |  |



## **DEPARTMENT OF DEFENSE** CLINICAL LABORATORY IMPROVEMENT PROGRAM (DOD CLIP)

Armed Forces Institute of Pathology (AFIP) Attn: AFIP-ZD 6825 16th St. N.W., Building 54 Washington, D.C. 20306-6000